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APPLICANTS

Colin C.O. Goble, Egham, UNITED KINGDOM;

** CONTINUING DATA *****

This appln claims benefit of 60/437,154 12/31/2002

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 0223348.4 10/08/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	UNITED KINGDOM	DRAWING 5	CLAIMS 23	CLAIMS 8
Verified and Acknowledged	 Examiner's Signature	 Initials			

ADDRESS

25944
 OLIFF & BERRIDGE, PLC
 P.O. BOX 19928
 ALEXANDRIA , VA
 22320

TITLE

Surgical instrument

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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Other _____

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